

UTILITY DECLARATION AND POWER OF ATTORNEY Utility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the o	riginal, first and	sole inventor (if	only one nam	e is listed below	w) or an original,	first and
joint inventor (if plur	ral names are lis	ted below) of the	e subject matte	er which is claim	ed and for which	a patent
is sought on the in	nvention entitled	INTEGRATED	PROTOCOL	FOR DIAGNO	<u>SIS, TREATMEI</u>	NT, AND
PREVENTION OF E	30NE MASS DE	GRADATION th	e specification	of which		

(Check One)		is attached hereto OR	
•	oxtimes	was filed on July 18, 2003 as United States Application Se	erial No.
		10/623,466 or PCT International Application No and was a	amended
		on (if applicable).	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed Yes No	
т фризический (с)			- 100	

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date		

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending r Abandoned	

POWER OF ATTORNEY: As a named inventor, I hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 34026:



JONES DAY 555 W. Fifth Street, Suite 4600 Los Angeles, CA 90013-1025 (213) 489-3939

Please send all correspondence to the attention of **Theodore S. Maceiko**, at the above Customer Number, and direct all telephone calls to **(213) 489-3939**.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME OF INVENTOR	FIRST Name Gary	MIDDLE Initial S.	LAST Name Dixon		
201	RESIDENCE & CITIZENSHIP	City Milwaukee	State or Foreign Country Wisconsin	Country of Citizen United States	ship	
	POST OFFICE ADDRESS	3605 South 17 th Street	City Milwaukee	State or Country Wisconsin	Zip Code 53221	
INV	INVENTOR'S SIGNATURE DATE					

	FULL NAME OF INVENTOR	FIRST Name Andreas	MIDDLE Initial M.	LAST Name Pfander		
202	RESIDENCE & CITIZENSHIP	City Torrance	State or Foreign Country California	Country of Citizens Germany	ship	
	POST OFFICE ADDRESS	21805 Barbara Street	City Torrance	State or Country California	Zip Code 90503	
INV	INVENTOR'S SIGNATURE ROLLING DATE 11/10/03					



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joint inventor (if plural name	s are listed below) of the entitled INTEGRATED I	only one name is listed below) subject matter which is claimed PROTOCOL FOR DIAGNOSIS specification of which	d and for which	ch a patent		
(Check One)						
I hereby state that I have including the claims, as ame		d the contents of the above- s) referred to above.	identified sp	ecification,		
I acknowledge the duty to accordance with Title 37, Co		h is material to the patentabilis, § 1.56.	ty of this ap	plication in		
foreign application(s) for pa which designated at least or identified below, by checking	tent or inventor's certificate ne country other than the g the box, any foreign ar	, United States Code, § 119(a) ate, or § 365(a) of any PCT in United States of America, listed oplication for patent or inventor that of the application on whice	nternational ed below and r's certificate	application I have also, , or of any		
	• *	•		'		
Prior Foreign Application Number(s)	Country	Date of Filing		Claimed No		
Prior Foreign Application Number(s)	Country	Date of Filing	Priority Yes	Claimed No		
Application Number(s)		Date of Filing S Code § 119(e) of any United S	Yes	No		
Application Number(s) I hereby claim the benefit und			Yes	No		
Application Number(s) I hereby claim the benefit unapplication(s) listed below.	der Title 35, United States		Yes	No		
Application Number(s) I hereby claim the benefit unapplication(s) listed below. Application Number(s) I hereby claim the benefit un § 365(c) of any PCT internations as the subject matter States or PCT international States Code, § 112, I acknowledefined in Title 37, Code of	Filing Date Filing Date Title 35, United States ander Title 35, United States attional application designs or of each of the claims of application in the manner owledge the duty to disconsections, § 1.		States applicates applicated in the paper of Title erial to pate etween the file.	ation(s), or below and, rior United 35, United ntability as ing date of		

Pending r

Parent Filing Date

PCT Parent Number

Application Number

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IN	INVENTOR'S SIGNATURE Jamy M DATE 11/17/03					

	FULL NAME OF INVENTOR	FIRST Name Andreas	MIDDLE Initial M.	LAST Name Pfander	
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